TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

JOB SERVICE PROGRAM SUPPORT

PRIORITY



DATE	M/DD/YY	1.11	,			UEST		********	
MM/DD/YY EMPLOYER INFORMATION						ALIEN INFORMATION			
NAME					HOW	HOW MANY PERSONS WILL ALIEN SUPERVISE?			
ADDRESS					LEVEL	LEVEL OF SUPERVISION			
STREET P O BOX					ADDRI	ADDRESS WHERE ALIEN WILL WORK			
CITY		STATE	ZIF	D	STREE	:T	POE	вох	
YPE OF BUSINE	SS								
						TY WHERE ALIEN	STATE	ZIP CODE	
DB SPECIFICATION	ONS				WILL V	VORK			
NAME OF JOB TIT						VISA TYPE REQUEST	ED		
HOURS WORKED	□ day	EDUCATION REQUIRED			DEGREE/DIPLOMA/ ATE REQUIRED	FIELD C	F STUDY REQUIRED		
	☐ month	EXPERIENCE REQUIRED			LICENSES	LICENSES/CERTIFICATIONS REQUIRED			
PAY OR SALARY	□ hour □ day	Yea	Years Months TYPE TRAINING REQUIRED SPECIAL						
per	□ week	TYPE TRAIN				SPECIAL SKILLS OR REQUIREMENTS			
 Describe Job Du	☐ month ☐ year ITIES IN DETAIL (M	OST IMPORTAN	NT DUTIES I	FIRST. AT		SHEETS IF NECESSARY			
DESCRIBE JOB DU	□ year	OST IMPORTAN	NT DUTIES I	FIRST. AT					
	□ year JTIES IN DETAIL (M	OST IMPORTAN	NT DUTIES I	First. At					
MPLOYER'S REP	□ year ITIES IN DETAIL (M	OST IMPORTAN	NT DUTIES I	First. At				EXT. NUMBER	
MPLOYER'S REP NAME LASTNAM	□ year UTIES IN DETAIL (Me	OST IMPORTAN		First. At		SHEETS IF NECESSARY		EXT. NUMBER	
MPLOYER'S REP NAME LASTNAM	☐ year ITIES IN DETAIL (Mi PRESENTATIVE	FIRSTN	NAME	First. At	TACH EXTRA	TELEPHONE		EXT. NUMBER	
MPLOYER'S REP NAME LAST NAM ADDRESS	□ year UTIES IN DETAIL (Me	FIRSTN	NAME O BOX		TACH EXTRA	TELEPHONE		EXT. NUMBER	
MPLOYER'S REP NAME LAST NAM NDDRESS	☐ year ITIES IN DETAIL (MI PRESENTATIVE STREET	FIRSTN	NAME O BOX	ΙΡ	TACH EXTRA	TELEPHONE FAX NUMBER EMAIL ADDRESS	<i>(.</i>):		
MPLOYER'S REPIAME LASTNAM ADDRESS CITY EQUESTS SHOULD TO:	year ITIES IN DETAIL (MI PRESENTATIVE STREET DULD BE TN II Emp 220 Nas	FIRSTN	O BOX O BOX or and Wority Dividing Drive	IP orkforce	MI Be Develop	TELEPHONE FAX NUMBER EMAIL ADDRESS	(615) 741	-6358	
MPLOYER'S REP NAME LASTNAM ADDRESS CITY EQUESTS SHO UBMITTED TO:	year ITIES IN DETAIL (MI PRESENTATIVE STREET DULD BE TN II Emp 220 Nas	STATE Dept of Labo bloyment Se French Lan hville, TN 37	O BOX Tor and Wocurity Dividing Driver 7243	IP orkforce	MI Be Develop	TELEPHONE FAX NUMBER EMAIL ADDRESS ment PHONE FAX:	i: (615) 253 (615) 741 barbara.g	-6358 -6106	
MPLOYER'S REP NAME LAST NAM ADDRESS CITY EQUESTS SHOUBMITTED TO:	☐ year ITIES IN DETAIL (MI PRESENTATIVE STREET DULD BE TN II E Emp 220 Nas NLY.	FIRST N STATE Dept of Labo bloyment Se French Land hville, TN 37	O BOX Tor and Wocurity Dividing Driver 7243	IP orkforce rision / / e, 4-B	MI Be Develop ALC Unit	TELEPHONE FAX NUMBER EMAIL ADDRESS ment PHONE FAX: E-mail:	(615) 253 (615) 741 barbara.g	-6358 -6106 alloway@state.tn.us	

JOB SPECIFICATIONS CONTINUED

DESCRIBE JOB DUTIES IN DETAIL (MOST IMPORTANT DUTIES FIRST. ATTACH EXTRA SHEETS IF NECESSARY.):	

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